



"People
helping
people
help
themselves"

Mitchell E. Daniels, Jr.,
Governor
State of Indiana

DIVISION OF DISABILITY & REHABILITATIVE SERVICES
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To: Consumer, families, providers, case managers and stakeholders who support individuals with disabilities
From: Peter A. Bisbecos, DDRS Director
Adrienne Shields, DDRS Deputy Director
Andrew Ranck, DDRS Director of Initiatives
Re: **OASIS Update: RHS Rates, Services Definitions and Documentation Standards**
Date: November 24, 2008

The Division of Disability and Rehabilitative Services (DDRS) is pleased to provide you with the latest information on the implementation of the Objective Assessment System for Individual Supports (OASIS). This information builds upon the previous OASIS bulletin from November 7, 2008 and includes recent decisions on rates, service definitions and documentation standards, as well as a Frequently Asked Questions section. Unless otherwise addressed in this bulletin, the rates, timelines and information from the prior bulletin have not changed.

The changes we are making will help people with disabilities to achieve their hopes and dreams. Moving toward implementation, open collaboration becomes increasingly important. We thank consumers, families and stakeholders who support individuals with disabilities for continuing to partner with us in the process. As pending decisions are finalized, we will continue to release information.

Throughout this document, we have included attachments and links that will be important to understand as we move into the new system. If you are unable to view them, please email the OASIS Help Line at OASIS-ICAPHelp@fssa.IN.gov or call (317) 234-5222 for assistance.

As stated in the DDRS bulletin released September 22, 2008 (**Reference #OA20080922**), our current waiver consumers will not be included in the initial statewide roll-out of allocations. However, any annual renewal or initial Plan of Care will utilize the Uniform Rate Methodology beginning January 1, 2009. Please refer to the chart below for information about when current and new consumers on each waiver type will begin utilizing the uniform rate methodology and allocations. This change is to ensure that the following systems, policies and procedures are properly tested.

- Assess the impact of rates
- Review the allocation process
- Define the transition policy (including a plan for consumers with budgetary changes)
- Finalize the service planner used for individual planning



As the new rates get underway, we will be closely tracking individual outcomes as well as how the changes are affecting the system overall. Between six (6) and nine (9) months into the implementation process we will conduct a large scale assessment of the impact of the new rates and service categories on the system and usage of the RHS Invoicing Tool to determine if further review or adjustments will be necessary.

Oasis Implementation Plan (Repeat from 11-7-08 OASIS bulletin)

| Date | Consumers Affected | Policy |
|-----------------------------------|--|--|
| January 2009 | Current consumers on the SS waiver with Annuals January 2009 and forward | <ul style="list-style-type: none"> • Consumers will utilize the newly developed uniform rates (to be finalized and published by November 17, 2008) to build their budget within the current \$13,500 annual cap. • Consumers must stay within the \$13,500 cap for all services, including transportation costs, unless the consumer has previously been approved to exceed this cap. • DDRS is seeking an amendment to increase the annual cap on the SS waiver to \$16,000 and will keep you updated on our progress. |
| January 2009 to March 2009 | Current consumers on the DD or AU waiver with Annuals January 2009 to March 2009 | <ul style="list-style-type: none"> • Consumers will utilize their current annual plan total budget as their allocation amount to purchase services for the next year. <ul style="list-style-type: none"> ○ The state is aware that to maintain the consumer's current level of support, costs may exceed the current CCB/ allocation. For these consumers, case managers will submit the plans for review by the BDDS waiver unit. • Consumers will utilize the newly developed uniform rates (to be finalized and published by November 17, 2008) to build their budget within the annual plan allocation amount. • Consumers will utilize an OASIS allocation with their 2010 annual planning activities. |
| April 2009 | Current consumers on the DD or AU waiver with Annuals April 2009 and forward | <ul style="list-style-type: none"> • Consumers will enter the OASIS model of allocation and uniform rate structure on their annual plan of care date. • All waiver consumers will enter the OASIS model by March 31, 2010. |
| January 2009 | New consumers on the SS waiver | <ul style="list-style-type: none"> • Beginning January 1, 2009 and forward, new consumers will utilize the newly developed uniform rates (to be finalized and published by November 17, 2008) to build their budget within the current \$13,500 annual cap. • New consumers must stay within the \$13,500 cap for all services, including transportation costs. • DDRS is seeking an amendment to increase the annual cap on the SS waiver to \$16,000 and will keep you updated on our progress. |
| January 2009 | New consumers on the DD or AU waiver | <ul style="list-style-type: none"> • New DD and AU waiver consumers beginning January 2009 and forward will receive an OASIS allocation and will buy services within that allocation under the new uniform rate structure. |

Residential Habilitation Services: Reimbursement Structure

- **RHS-1 (Intermittent, 35 hours per week or less) will be reimbursed at \$25.00 per hour**
Includes services to consumers whose Plans of Care require intermittent Residential Habilitation and Support Services (RHS) of 35 hours or less per week. This rate is the same for Community Habilitation-Individual and Respite Care services
- **RHS-2 (Greater than 35 hours per week) will be reimbursed at \$21.00 per hour**
Includes services to consumers whose Plans of Care require RHS in excess of 35 hours per week
- We have included the finalized RHS Service Definitions, Standards and Documentation Requirements within this bulletin. A comprehensive document of all DDRS waiver service definitions and documentation standards will be posted online soon.
- Monthly summaries will continue to be required for RHS and DAY services under Annual Plan and OASIS (including Uniform Rate Methodology) until further notice.
- Consumers may choose to receive RHS from multiple providers (i.e. more than one provider may be on the same NOA), but the level of service and subsequent rate assignment will be based on all requested RHS of the consumer, not the provider.
Example: Provider “A” serves the consumer for ten (10) hours a week, and provider B, 20 hours per week. The consumer’s weekly total is 30 hours per week billable at the RHS-1 rate of \$25.00 per hour. However, if provider “A” serves the consumer for twenty (20) hours, and provider B serves twenty (20) hours, the total is 40 hours for the week, and both providers bill at the RHS-2 rate of \$21.00 per hour.
- *Sleep Time:* Providers may not bill for RHS reimbursement for time when staff is asleep. Only awake, engaged staff can be counted in reimbursement. A team may decide that a staff or contractor may sleep while with a consumer, but this activity is not billable.
- *Hospitalization:* Providers may not bill for RHS reimbursement during the time when a consumer is admitted to a hospital. The care and support of a consumer who is admitted to a hospital is a non-billable RHS activity.
- *Electronic Monitoring (EM) Services:* Providers may bill for approved EM via BDDS Stateline budget. However, EM is not billable for services rendered during the same time period as RHS. For more information regarding the use and reimbursement of EM, refer to DDRS bulletin #DD20080930 dated September 30, 2008.

Flexibility Factor

- **Annual Plan:** Effective January 1, 2009, the Annual Plan flexibility factor is discontinued (DAYS 25% and RHS 15%). New Notice of Actions (NOA) and Cost Comparison Budgets (CCB) will be sent out removing the flexibility factor payments from the NOA. As of January 1, 2009, both RHS and DAY services will have a three (3) month Prior Authorization.
- **OASIS:** During the pilot, the OASIS billing range was 92.5%-105%. This will discontinue on December 31, 2008. Effective January 1, 2009, reimbursement will be calculated on a staff basis as entered in the Invoicing Tool.

Invoicing Tool (1:1 Services)

Providers delivering RHS at a consumer-to-staff ratio of 1:1 will not be required to use the invoicing tool. With no billing range of 92.5-105% for 100% payment, the use of the Invoicing Tool is not required.

Exception: The Invoicing Tool must be used in shared settings to ensure that individual consumers are paying for their share of services rendered.

Prior Authorizations

Consumers on Annual Plan will have three (3) months Prior Authorizations for DAY services and RHS. The Annual Plan Prior Authorization will continue to be a calendar PA until the consumer has their annual renewal in 2009.

- Effective January 1, 2009, Prior Authorizations for consumers under the Uniform Rate Methodology will be computed to include three (3) months of planned RHS.
- Effective January 1, 2009, Prior Authorizations for consumers under the Uniform Rate Methodology will be computed to include three (3) months of Pre-Vocational Services, Community Habilitation-Individual and Group, and Facility Based Habilitation-Individual and Group, and transportation.
- Effective January 1, 2009, Prior Authorizations for consumers under the Uniform Rate Methodology will be computed to include twelve (12) months of Respite, SEFA, Behavior Management Services and all therapies (i.e. Recreational Therapy).

Extensions

Beginning January 1, 2009, extensions at the annual will be discontinued. The plans for consumers with annual review dates January 1, 2009 or later must be submitted to the BDDS waiver unit utilizing the OASIS service planner and uniform rate methodology.

The BDDS waiver unit will not grant extensions for consumers on Annual Plan. Plans that are not approved by the BDDS Waiver unit by the end date will utilize the current Annual Plan budget for RHS and DAYS and their plans will automatically convert to the total number of hours available using the new rates. In the absence of a submitted service planner with discrete services, day rates will default to Facility Based-Group at a ratio of 8:1.

Automatic plan conversions will take place in the following manner:

- January 2009 renewals = auto-conversions will occur December 19, 2008
- February 2009 to December 2009 renewals = auto-conversions will occur 5 business days prior to the last day of the month

Transportation

Consumers using 35 hours per week or less of RHS-1 are permitted two one-way trips per day when receiving Facility Based day services.

BDDS District 4 Conversions and New RHS Rates

DDRS will automatically convert the plans of all current consumers in BDDS District 4 utilizing the new RHS rates. This will be a direct conversion and no units should be reduced in this conversion. The converted plans will be sent out no later than December 19, 2008.

The plans will convert based on the hours represented in a typical week by the current service planner in the Insite system. The determination of which rate, RHS-I/\$25.00 or RHS-O/\$21.00 will automatically convert based on the service planner.

Community Based Services-Individual

Consumers on the Autism (AU) or Developmental Disabilities (DD) waivers may only have up to 25 hours per month Community Based-Individual services. While multiple providers are permitted, the 25 hours per month limit is based on the total number of Community-Based-Individual service hours per consumer, not per provider.

Consumers on the Support Services (SS) waiver have no limit to Community Based-Individual services as long as the total budget does not exceed the \$13,500 annual cap.

Electronic Monitoring

Electronic Monitoring (EM) is available for reimbursement only for consumers who are utilizing the Uniform Rate Methodology and OASIS Service Planners. Individuals on Annual Plan may not access Stateline funds for EM services. At this time, DDRS will only reimburse for EM services by the providers Rest Assured or Night Owl Support Systems.

As consumers currently using EM on Annual Plan transfer to OASIS, case managers will need to identify the use of EM on the service planners. EM is only approved for use in place of RHS hours, and should not be requested to be used in conjunction with RHS. In addition, EM is not to be used as a monitoring system of staff.

Providers must submit a budget request to BDDS to be reimbursed for EM services and include verification that EM was used in place of RHS.

FREQUENTLY ASKED QUESTIONS

The following questions are based on feedback from consumers, providers and families since the release of the previous OASIS bulletin:

Question: *Because Service Definitions go into effect at the same time a person goes onto a new plan, persons in the same household will work under different requirements. How do we address recordkeeping for staff and keep accurate records for an audit during this time?*

Answer: The Service Definitions have not changed for RHS. Only the rate and manner of reimbursement have changed. Therefore, one method of record keeping should work for all consumers within a household.

Question: *May a provider use an existing day service facility to provide Respite Care Services outside of regular business hours?*

Answer: No. Respite Care Services may only be provided in the individual's home or place of residence, in the caregiver's home or in a non-private residential setting (such as a respite home) or camp setting. However, a provider may offer Facility Habilitation—Individual and Group services outside of the typical work week for habilitation services.

Question: *Is the Service Definition for Respite Care Services changing? What are the setting options available to provide Respite Care Services?*

Answer: The primary service location for Respite Care must be provided in the individual's home or place of residence, in the caregiver's home or in a non-private residential setting (such as a respite home) or camp setting. However, a consumer may access community activities while receiving Respite Care Services. There is no expectation of community access during Respite, but a consumer's team may agree to include some community based activity during Respite Care. There is no additional compensation for costs associated with community access (such as mileage, admission fees, etc.)

Question: *In the previous OASIS bulletin, the 'Activities not Allowed' for Respite Care Services differs from what is shown in the BDDS provider manual. Can you clarify?*

Answer: The definitions in the HCBS Waiver Program Provider Manual are correct. We made an error in oversight by omitting a portion of the Activities not Allowed (see bulleted list below for the complete list.) We will be updating the Service Definitions and Documentation Standards charts and will post the comprehensive listing of all BDDS waiver services online in the near future.

Activities not Allowed under Respite Care Services:

- Respite care shall not be used as day/child care to allow the persons normally providing care to go to work
- Respite care shall not be used as day/child care to allow the persons normally providing care to go to school
- Respite care shall not be used to provide service to a member while member is attending school

- Respite care may not be used to replace skilled nursing services that should be provided under the Medicaid State Plan
- Services provided by the parent of a minor child or the individual's spouse
- Respite care must not duplicate any other service being provided under the individual's Plan of Care/Individual Service Plan (POC/ISP)
- Reimbursement for room and board
- Services provided to an individual living in a licensed facility based setting
- The cost of registration fees or the cost of recreational activities (for example, camp)
- When the service of Adult Foster Care of Children's Foster Care is being furnished to the individual

Question: *Our Facility Based Habilitation-Group day service program does not begin or end at the top of the hour. May we bill for partial hours, and if so, what is the base for the ratio?*

Answer: Providers may bill a partial hour of service to a consumer. Individual service notes should clearly indicate the start and stop times for each consumer, and the provider may bill for that time. Providers may also establish a ½ hour Group Log to capture those less than one hour time periods, or may start an hourly Group Log at 8:30 a.m. to 9:30 a.m., etc. The start time is at the discretion of the provider. The group ratio is established based on the actual experience of the group.

Example: If you provide 4:1 services for a half hour, then you may claim it as such.

Warning: If you do not preload the consumer service plan with these variances, you could exhaust an NOA/CCB early in a month, and still be responsible for providing services to the consumer.

Question: *As a service provider, do we submit numbers for actual time served, or do we round to whole numbers or quarter hours?*

Answer: The billing system used by DDRS' fiscal intermediary accepts partial units. Therefore, providers should record and bill actual time served for each consumer, including partial hours of service.

Question: *Will BDDS continue to require monthly waiver reports for individuals who move to the newly established Uniform Rate Methodology?*

Answer: Yes, monthly waiver reports will continue to be required for individuals moving to the Uniform Rate Methodology until further notice.

Question: *Can a consumer receive Pre-Vocational Services in the same facility or program area where sheltered work is provided (if the required consumer-to-staff ratio is met)?*

Answer: Yes, providers may mix services in a singular area. However, be very careful when assigning individuals on the Group Logs. Sheltered Employment and Pre-Vocational Services have different ratio requirements. Pre-Vocational Services should differ for a consumer based on the skill they are developing while in that service. Pre-Vocational service goals must be generalized to any work environment and cannot be based on a specific contract of any workshop.

Question: *A few of our consumers hover just above or below the 50% Federal minimum wage. Does this mean that they move them from one service to another throughout the day? Also, if records indicate that a consumer is reimbursed at a rate above the 50% Federal minimum wage during only part of the time they are receive Pre-Vocational Services, may we bill for that time?*

Answer: A consumer's plan will never include Pre-Vocational and Sheltered Employment services at the same time. Because change requests may only occur quarterly for these services, no consumer will move between services more than quarterly. If a consumer's wage increases above 50% of the Federal minimum wage during the quarter, this is acceptable. The provider can then do a quarterly review and move the consumer at the next quarter.

Question: *During a recent meeting, I heard that determination for Pre-Vocational or Sheltered Workshop services will be made on a quarterly basis, as determined by the consumer's average wage for the quarter. The Service Definitions do not indicate that this is how determinations are made, please clarify.*

Answer: Pre-Vocational versus Sheltered Employment services is determined by the following process: Divide the previous quarter's gross earnings for each service by the hours of attendance for that service. If the hourly wage falls below 50% of the Federal minimum wage, the consumer may access Pre-Vocational Services for the next quarter. If the wage exceeds 50% of the Federal minimum wage, Pre-Vocational Services should be discontinued for the next quarter and the provider should request a budget for Sheltered Employment for that consumer for the next quarter. A one-for-one exchange of hours between the services is allowed. To increase above the one-for-one exchange in hours, a new budget must be prepared and submitted to the BDDS service coordinator and include justification for the request or a Plan Update must be submitted by a case manager requesting an increase in Pre-Vocational service hours.

Question: *An individual is working in the community and receives Supported Employment Follow Along (SEFA) during part of the week. The consumer also attends a production facility for part of the week. While working at the production facility, the individual typically earns less than 50% of the Federal minimum wage. Is the individual still eligible to receive Pre-Vocational Services?*

Answer: Yes, the 50% minimum wage rule is a distinguishing determinant on Sheltered Employment versus Pre-Vocational choice. Consumers may earn greater than 50% in SEFA and remain in Pre-Vocational Services as long as the Pre-Vocational wage does not exceed 50% (when averaging the wage over an entire quarter).

Question: *Can a provider bill for Pre-Vocational Services when providing transportation to a community based Pre-Vocational setting?*

Answer: Transportation to or from a worksite is only billable if coming from or going to a facility based environment. Pre-Vocational Services may not be billed as transportation.

Question: *May a consumer who is on the SS waiver utilize Transportation Services when travelling to and from their place of employment.*

Answer: Transportation Services are only available for travel to and from a facility based day service. SEFA and other non-facility work environments are not billable as Transportation. Providers may assist consumers in purchasing a bus pass for transportation to facility activities.

Residential Habilitation Services (RHS) Reimbursement Rates

| Service | Rate | Ratio / Unit Rate |
|---|---------|-------------------|
| RHS-1 , (Intermittent) 35 hours per week or less | \$25.00 | 1:1 \$25.00 |
| RHS-2 , greater than 35 hours per week | \$21.00 | 1:1 \$21.00 |

Residential Habilitation Services (RHS) Service Definitions and Documentation Standards

| | |
|-------------------------------|--|
| Service Definition | <p>RHS provides up to a full day (24-hour basis) of services and/or supports which are designed to ensure the health, safety and welfare of the individual, and assist in the acquisition, improvement, and retention of skills necessary to support individuals to live successfully in their own homes.</p> <ul style="list-style-type: none"> • RHS-1, Intermittent, 35 hours or less per week of RHS • RHS-2, Greater than 35 hours per week of RHS |
| Units of Service | 1 Staff Hour |
| Allowable Activities | <p>RHS includes the following activities:</p> <ul style="list-style-type: none"> • Direct supervision, monitoring and training to implement the Individualized Support Plan (ISP) outcomes for the individual through the following: • Assistance with personal care, meals, shopping, errands, chore and leisure activities and transportation (excluding transportation that is covered under the Medicaid State Plan) • Coordination and facilitation of medical and non-medical services to meet healthcare needs, including physician consults, medications, development and oversight of a health plan, utilization of available supports in a cost effective manner and maintenance of each individual's health record • Assurance that direct service staff are aware and active individuals in the development and implementation of ISP and Behavior Support Plans |
| Activities Not Allowed | <p>Reimbursement is not available through RHS in the following circumstances:</p> <ul style="list-style-type: none"> • Services furnished to a minor by the parent(s), step-parent(s), or legal guardian • Services furnished to an individual by the person's spouse • Services to individuals in Adult Foster Care or Children's Foster Care • Services that are available under the Medicaid State Plan • Services furnished to an adult individual by that person's parent or |

| | |
|-----------------------------------|--|
| | <p>guardian may not total more than forty (40) hours per week</p> <ul style="list-style-type: none"> • RHS-1 may not exceed thirty-five (35) hours of service per week |
| Service Delivery Standards | <ul style="list-style-type: none"> • RHS must be reflected in the Individualized Support Plan (ISP) • Services must address needs identified in the person centered planning process and be outlined in the individualized support plan • Residential Habilitation and Support Services should complement but not duplicate habilitation services being provided in other settings • Services provided must be consistent with the individual's service planner. |
| Provider Qualifications | <p>Providers of RHS must meet the following requirements:</p> <ul style="list-style-type: none"> • An applicant shall meet the requirements for direct care staff set out on 460 IAC 6-14-5 • An entity shall certify that, if approved, the entity will provide Residential Habilitation and Support Services using only persons who meet the qualifications set out in 460 IAC 6-14-5 |
| Documentation Requirements | <p>RHS documentation must include:</p> <ul style="list-style-type: none"> • Services outlined in Individual Support Plan • BDDS approved provider • Data record of consumer-to-staff service documenting the complete date and time entry (including a.m. or p.m.) All staff members who provide uninterrupted, continuous service in direct supervision or care of the consumer must make one entry. If a staff member provides interrupted service (one hour in the morning and one hour in the evening), an entry for each unique encounter must be made. All entries should describe an issue or circumstance concerning the consumer. The entry should include complete time and date of entry and at least the last name, first initial of the staff person making the entry. • If the person providing the service is required to be professionally licensed, the title of the individual must also be included. For example, if a nurse is required, the nurse's title should be documented. • Any significant issues involving the consumer requiring intervention by a Health Care Professional, Case Manager or BDDS staff member that involved the consumer are also to be documented. • Documentation in compliance with 460 IAC 6. |

We will continue to communicate information about OASIS on our website and in bulletins. Look for information on the following topics in the near future:

- The launch of the Interactive Budget Tool
- Allocation distribution process and transition timelines for bringing consumers into services
- Transitioning consumers to the OASIS model
- In December, DDRS is partnering with the Self-Advocates of Indiana, IN-ABC, INARF, IPMG and The Arc of Indiana to host a statewide information session on the new system changes. During the session, attendees will have the opportunity to ask questions and gather more information about the implementation of this process.

In the meantime, if you have any questions or concerns regarding the OASIS initiative you may continue to contact us through the following resources:

OASIS-ICAP Help Lines: (317) 234-5222 or 1-888-527-0008

Email: OASIS-ICAPHelp@fssa.IN.gov

Website: www.ddrs.IN.gov

We hope you will continue to join us as we take the next steps in this transformational journey.

Thank you.

Reference #: OA20081124